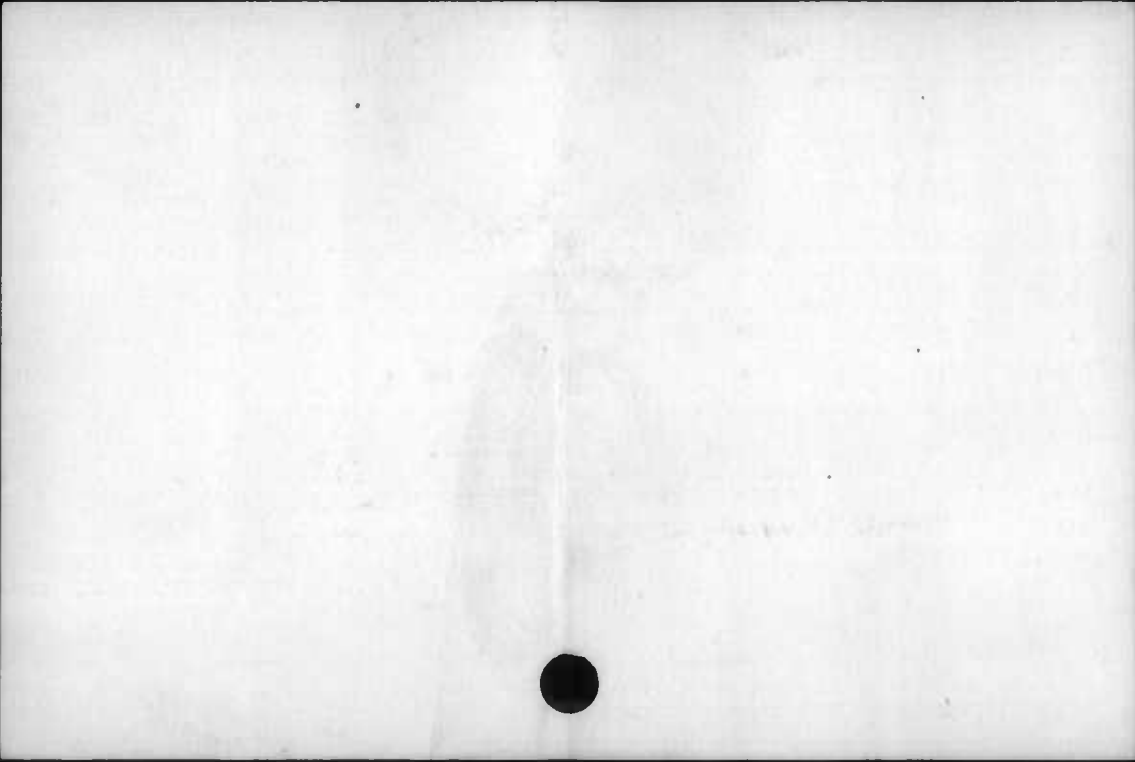


Name in Full Jennings Lee Barnes		CERTIFICATE OF DEATH	
Died at Garrettsville <small>Town</small>		County Harford	
Date of death 1908 <small>Month</small> 10 <small>Day</small> 19 <small>Years</small> 41		MARYLAND <small>Months</small> 11 <small>Days</small> 20	
Sex Male		Color or Race White	
Occupation None		Birth-place Fredrick Co Md	
Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband	
Father's Name Eden H Barnes		Father's Birthplace Maryland	
Mother's Maiden Name Kate Z Beard		Mother's Birthplace Virginia	
Name of person giving information Robert S Barnes		How related to deceased Brother	
CAUSES OF DEATH			
Primary Epilepsy		How long 20 yrs.	
Immediate Convulsion		How long a few minutes	
Are the name, age, sex, color, date and place correctly given above? Yes.		Signature of Physician F. E. Rigdon M.D.	
		Address Garrettsville Ind.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

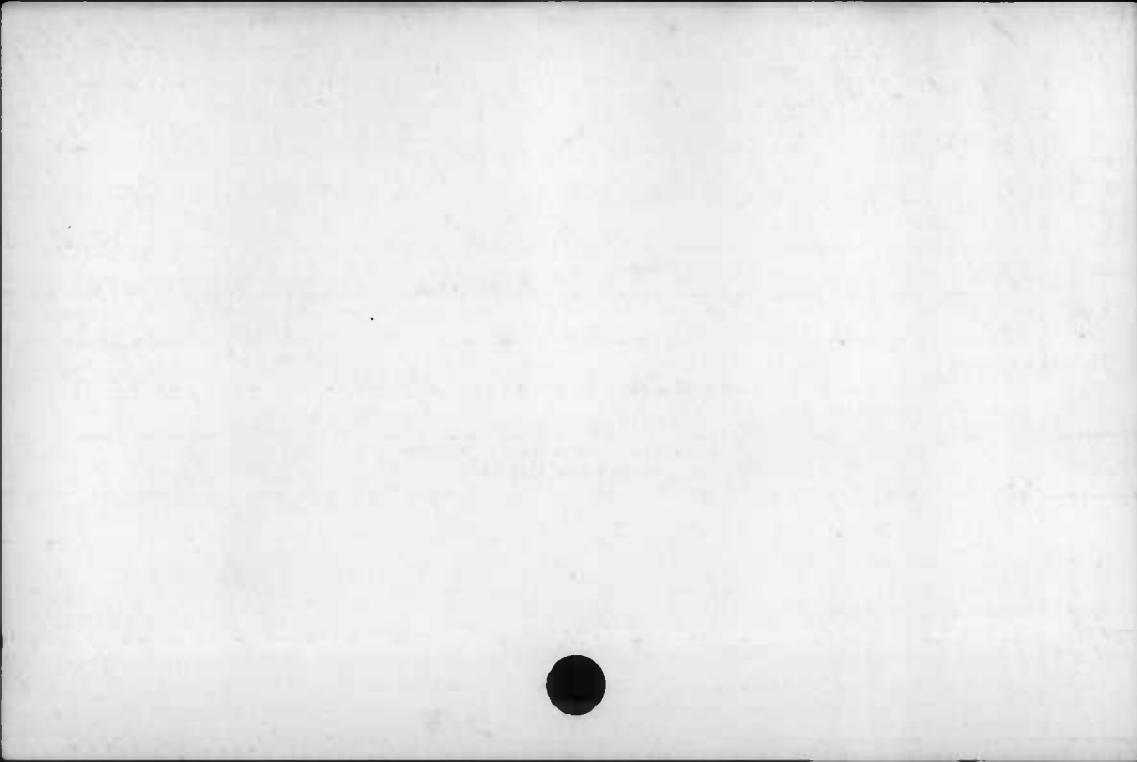
Died at *No Name* *Brown*
Hickory Ridge *Harford*Date of death 1908 *Nov* *15* Age *10* Months *0* Days *12*Sex *male* Color or Race *Black* Birth-place *Hickory Ridge*Occupation *none* Where Residing if not at place of death *Hickory Ridge*Married, Single or Widowed *Single* Name of Wife or Husband *_____*Father's Name *Ed Brown* Father's Birthplace *Gravely Hill*Mother's Maiden Name *Perseller Bicket-* Mother's Birthplace *dent Knur*Name of person giving information *Ed Brown* How related to deceased *Father*

CAUSES OF DEATH

151

Primary *Malnutrition* How long *7 weeks*Immediate *same*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *J. H. Hume*Address *Abandon, Md.*

Accident or Suicide?



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

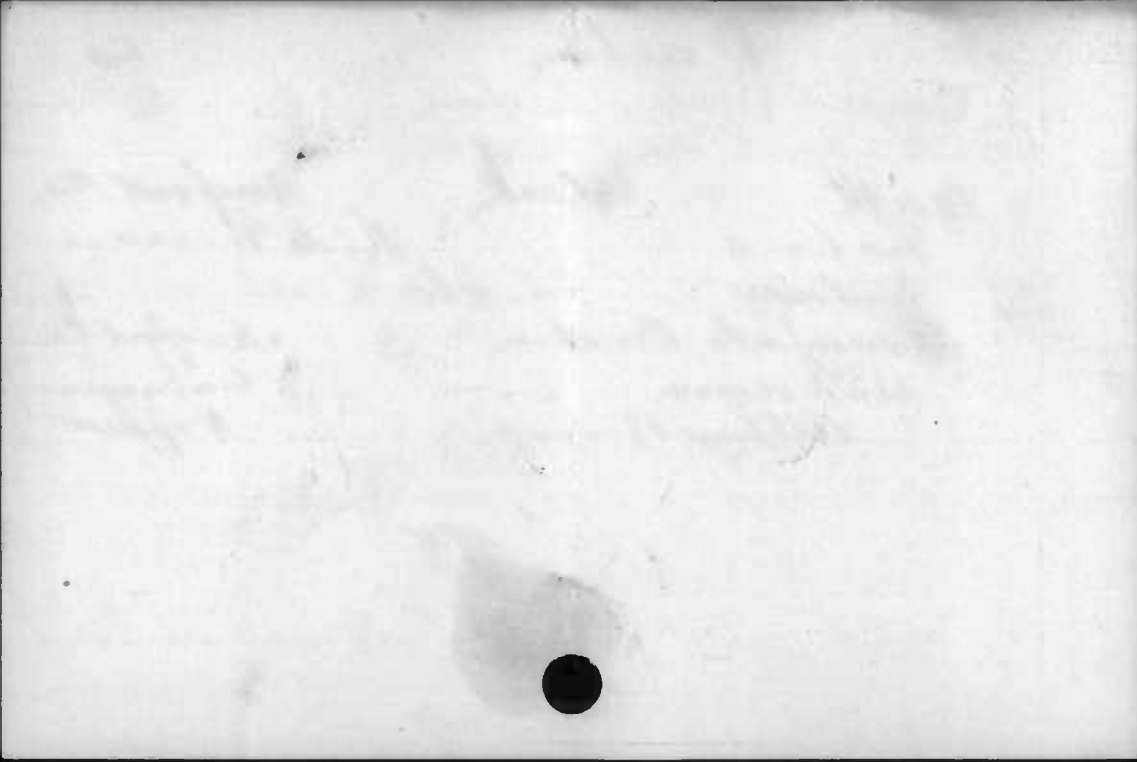
Died at <i>near Jarrettsville</i>		Town <i>Harford</i>		County		MARYLAND	
Date of death <i>1908</i>		Month <i>Nov</i>		Day <i>18</i>		Years <i>66</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Howard Co. Md</i>			
Occupation <i>Housekeeping</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widow</i>		Name of Wife Husband <i>Thomas C. Carman</i>					
Father's Name <i>John C. Snyder</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Not known</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>John W. Carman</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	<i>Chronic Gastric Catarrh</i>	How long	<i>Unknown.</i>
Immediate	<i>Gastronchegia</i>	How long	<i>24 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>F. E. Rigdon M.D.</i>	
		Address <i>Jarrettsville, Md.</i>	
Accident or Suicide?			



Name
in
Full

Stephen Durbin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

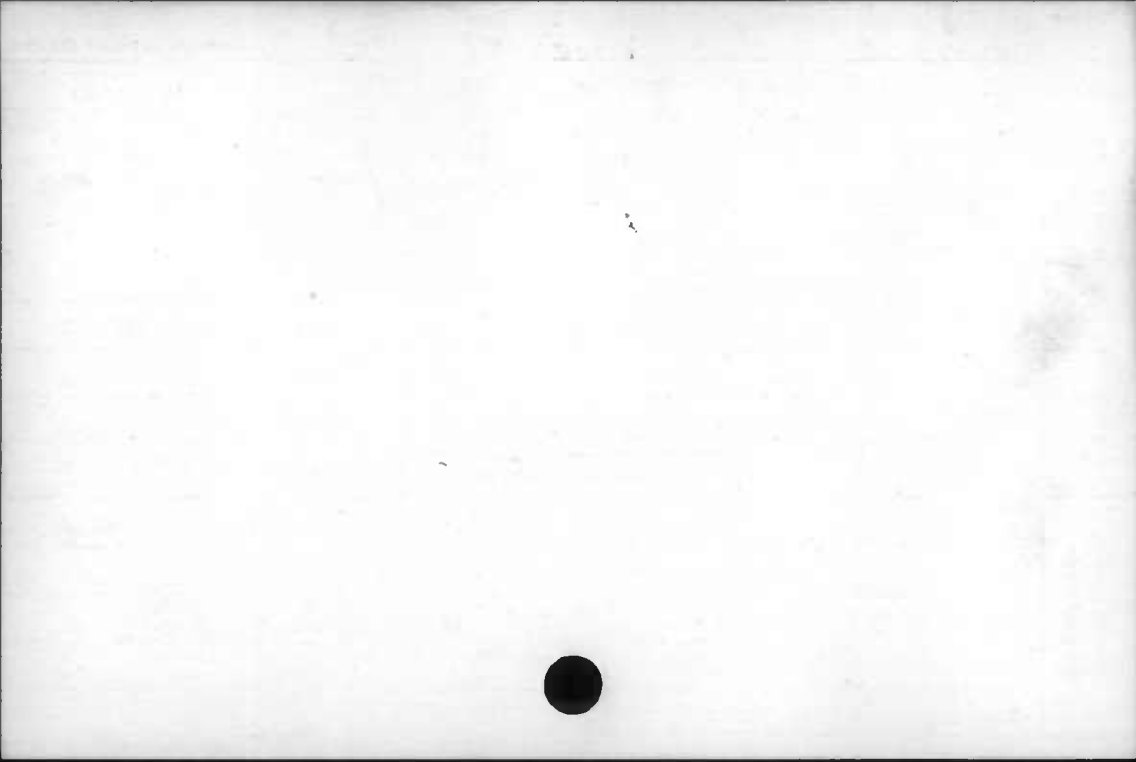
Died at <i>Barre de Grace</i> Town <i>Hayford</i> County		MARYLAND	
Date of death 190 <i>8</i> Month <i>Nov.</i> Day <i>22</i> Age <i>71</i> Years	Months — Days —		
Sex <i>Male</i>	Color or Race <i>Black</i>	Birth-place <i>Hayford Co,</i>	
Occupation <i>Labor</i>	Where Residing if not at place of death <i>N. de Grace</i>		
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Phoebe Durbin</i>		
Father's Name <i>Bonaparte Durbin</i>	Father's Birthplace <i>Hayford Co,</i>		
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>		
Name of person giving Information <i>Arthur Brown</i>	How related to deceased <i>Nephew</i>		

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <i>Dysentery</i>	How long <i>2 or 3 yrs</i>
Immediate <i>General Debility</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. H. Smith M.D.</i>
	Address <i>Barre de Grace Md</i>
Accident or Suicide	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

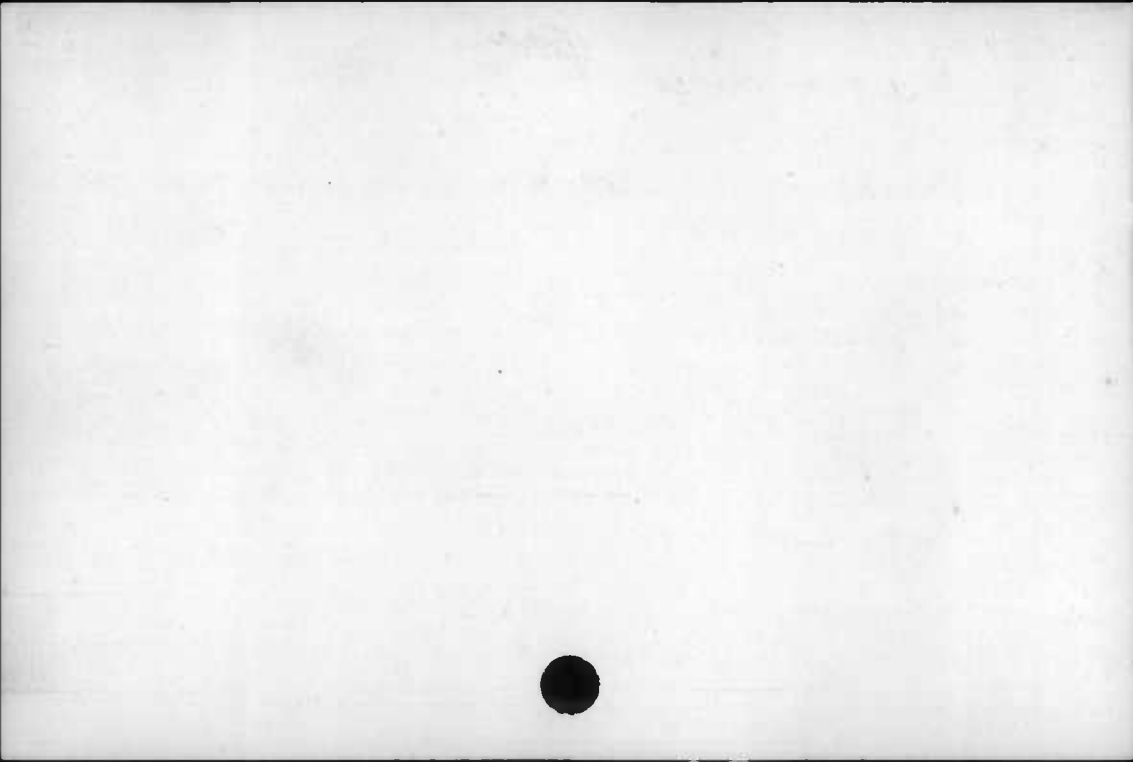
Name in Full Emily C. Hawway.		Town Bel Air		County Harford		MARYLAND	
Died at Bel Air		Month Nov.		Day 17		Age 66	
Date of death 1908		Months —		Days —			
Sex Female		Color or Race White		Birth-place Md			
Occupation Housekeeper.		Where Residing if not at place of death —					
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name David Hawway		Father's Birthplace Md					
Mother's Maiden Name Mary a. Francis		Mother's Birthplace Md					
Name of person giving information J. H. Hawway		How related to deceased Brother					

CAUSES OF DEATH

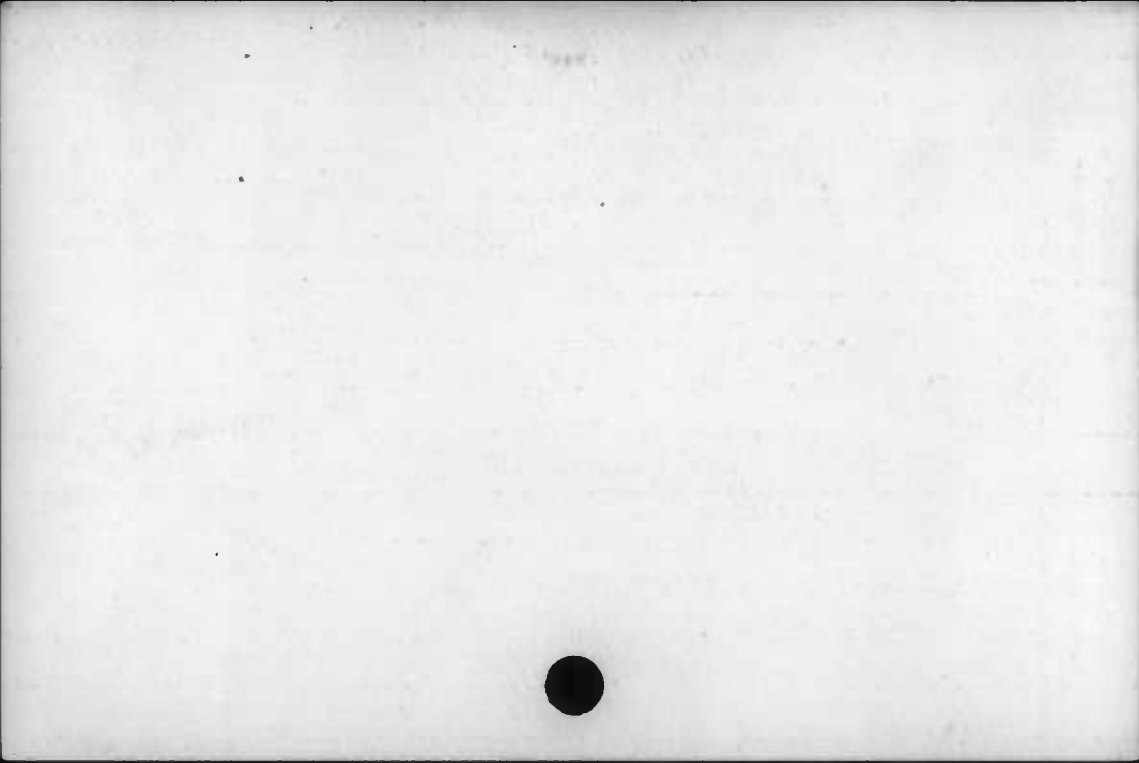
42

PHYSICIAN
OR CORONER

Primary Uterine Sarcoma, recurrent 2½ years after removal.		How long About six months.	
Immediate Exhaustion		How long Several days.	
Are the name, age, sex, color, date and place correctly given above? Yes.		Signature of Physician G. F. Van Dillen M.D.	
		Address Bel Air	
Accident or Suicide? No.		Md.	



Name in Full		anney Mary Harman				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Havens Grace		Harford		MARYLAND	
	Date of death	1908	Nov	15-	Age 58	Months	Days
	Sex	Female		Color or Race	white		Birth-place
	Occupation	House work		Where Residing if not at place of death		Havens Grace	
	Married or Widowed	Name of Wife or Husband		Inhuman			
	Father's Name	Samuel Walter				Father's Birthplace	not known
	Mother's Maiden Name	not known				Mother's Birthplace	not known
Name of person giving information	S. W. Bullack				How related to deceased	Son	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;">(36)</div>							
PHYSICIAN OR CORONER	Primary	Fertile Tumor				How long	several years
	Immediate	Paralysis				How long	3 days
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	J. W. Steiner M.D.
						Address	Harford, Md.
Accident or Suicide? Maryland							



TO BE ANSWERED BY NEAREST FRIEND		John Miller Hopkins		CERTIFICATE OF DEATH	
Died at		Town Milman	County Harford	MARYLAND	
Date of death		1908	Month Nov.	Day 14	Age 91
Sex		Male	Color or Race	White	Birth-place Harford Co. Md.
Occupation		Farmer	Where Residing if not at place of death Milman		
Married, Single or Widowed		Widower	Name of Wife or Husband	Phoebe A. Huff	
Father's Name		Philip Hopkins	Father's Birthplace	Harford Co.	
Mother's Maiden Name		Rachael Miller	Mother's Birthplace	" "	
Name of person giving information		B. F. Crum	How related to deceased	Son-in-law	
<div>CAUSES OF DEATH</div> <div>78</div>					
Primary		Acute Endocarditis		How long	one week
Immediate		Cordian Failure		How long	sudden
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	C. H. Keyser M.D.
				Address	Laurel Md.
Accident or Suicide?		No			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bel Air</i> ^{Town}		<i>Harford</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month	<i>Nov</i>	Day	<i>24</i>
Age		Years	<i>6</i>	Months	
Sex <i>male</i>		Color or Race <i>Colored</i>		Birth-place <i>Bel Air</i>	
Occupation		Where Residing if not at place of death <i>11</i>			
Married, Single or Widowed <i>X</i>		Name of Wife or Husband			
Father's Name <i>Eugene Brown</i>		Father's Birthplace			
Mother's Maiden Name <i>Amanda Howard</i>		Mother's Birthplace			
Name of person giving information <i>Amanda Howard</i>		How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Meningitis</i>	How long	<i>2 days</i>
Immediate	<i>Convulsions</i>	How long	<i>15 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Robert S. Peaf</i>	
		Address <i>Bel Air</i>	
Accident or Suicide?			

Humour Hill

Name
in
Full

Sarah Frances Hughes.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

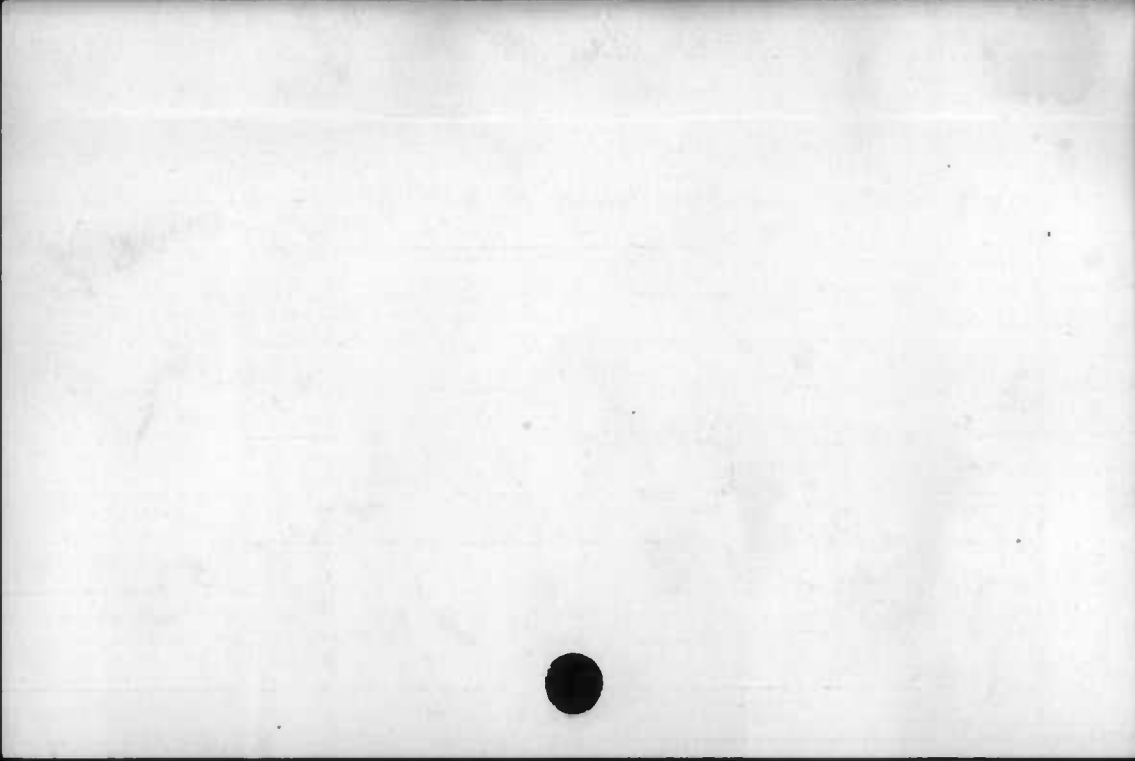
Died at <i>Sevel</i> Town <i>Winford</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>Nov</i>	Day <i>26</i>	Age <i>60</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Swan Creek</i>	Months <i>4</i>
Occupation <i>Farmer</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Evan T. Hughes</i>		
Father's Name <i>Wm G. Gorrell</i>	Father's Birthplace <i>Ohio</i>		
Mother's Maiden Name <i>Nancy Gorrell</i>	Mother's Birthplace <i>Swan Creek</i>		
Name of person giving information <i>S. A. Hughes</i>	How related to deceased <i>Son</i>		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>5 days</i>
Immediate <i>Compensation of Lungs</i>	How long <i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Thomas H. Roberts</i>
	Address <i>Churchville</i>
Accident or Suicide?	



Name
in
Full

Claude Sanders

CERTIFICATE OF DEATH

Died at Van Biber ^{Town} Stanford ^{County} MARYLAND

Date of death 1908 ^{Month} Nov ^{Day} 5 ^{Year} 7 ^{Months} 11 ^{Days} 18

Sex Male Color or Race white Birth-place Stanford Co

Occupation Where Residing if not at place of death

Married, Single or Widowed Infant Name of Wife or Husband

Father's Name James Sanders Father's Birthplace Barroville Co. Ind

Mother's Maiden Name Mollie Bonebrake Mother's Birthplace Stanford Co Md

Name of person giving information Mr James Sanders How related to deceased Mother

CAUSES OF DEATH

166

Primary Gunshot wound in headImmediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

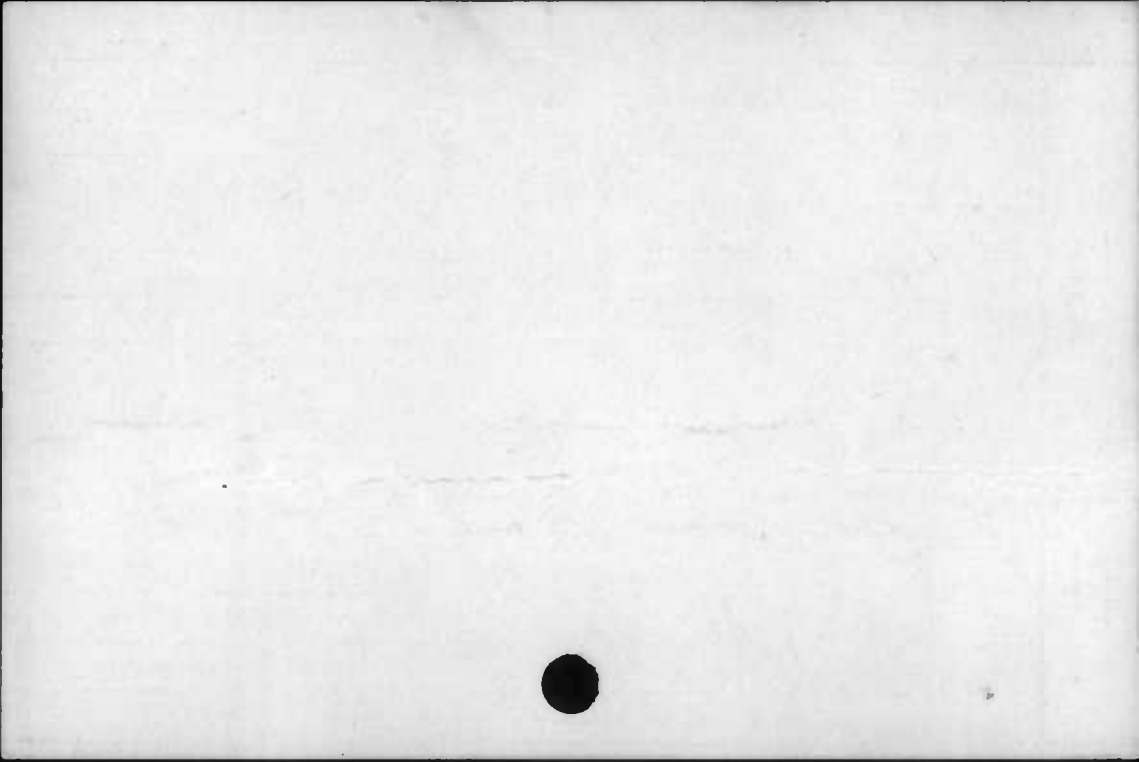
Address

Charles Roth
Edgewood Md

Accident or ~~Swindle~~

Accident

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Ann Eliza Mount

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Michaelsville		County Harford		MARYLAND	
Date of death	1908	Month 11	Day 12	Age 77	Years	Months 5	Days =
Sex	Female		Color or Race	White		Birth- place	New Jersey
Occupation	Housekeeper			Where Residing if not at place of death			
Married, Single or Widowed	Widowed		Name of Wife Husband	J. S. Sartor Mount			
Father's Name	James Garwood				Father's Birthplace	New Jersey	
Mother's Maiden Name	— Hoerner				Mother's Birthplace	New Jersey	
Name of person giving Information	Geo H. Mount				How related to deceased	Son	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Heart trouble	How long	Two yrs
Immediate	Heart failure	How long	
Are the name, age, sex, color, date and place correctly given above?	yes		
Signature of Physician	J. S. Sartor		
Address	Baltimore		
Accident or Suicide?	No		

35

Name
in
Full

David Franklin Mumma

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

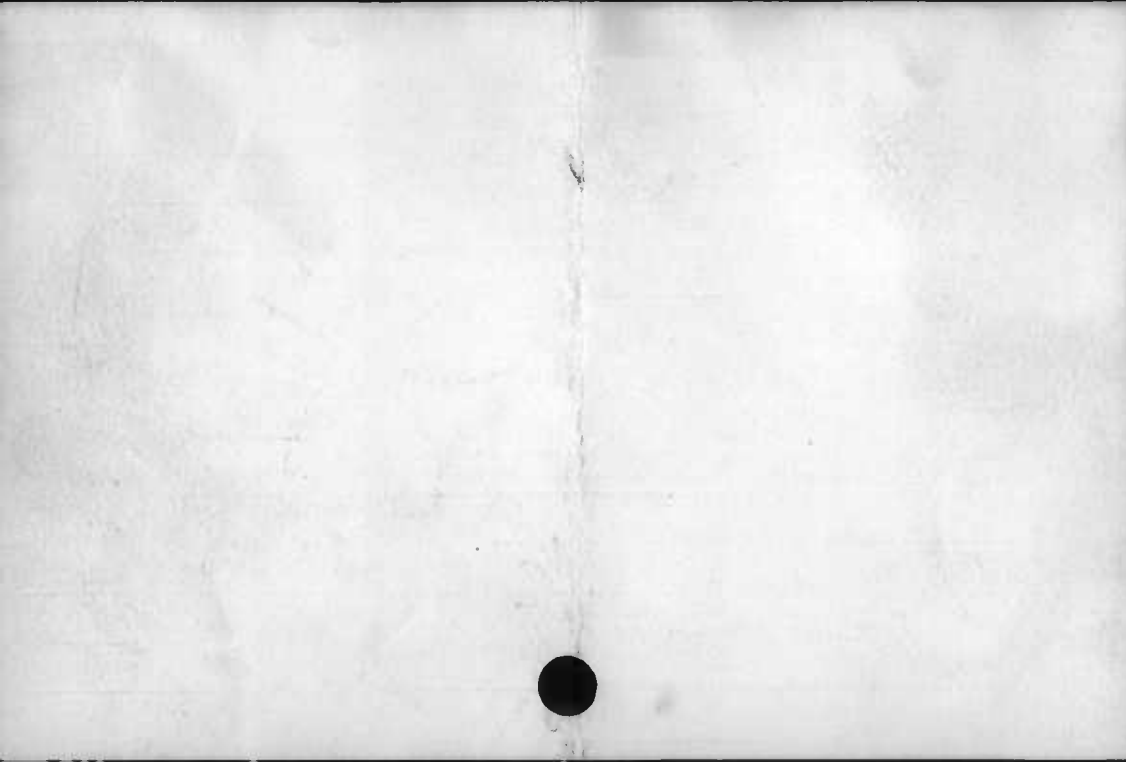
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		Nov	27	63		5	8
Sex	Male		Color or Race	white		Birth-place	unknown
Occupation	Farmer			Where Residing if not at place of death			
			where				
Married, Single or Widowed			Name of Wife or Husband		Mary Harfel		
Father's Name	Cyrus K. Mumma				Father's Birthplace	unknown	
Mother's Maiden Name	unknown				Mother's Birthplace	unknown	
Name of person giving information	Jno D. Barnhart				How related to deceased	cousin	

CAUSES OF DEATH

(66)

PHYSICIAN
OR CORONER

Primary	General Paralysis	How long	Instant death
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Charles Bagley M.D.
yes		Address	Bagley, Md.
Accident or Suicide?			



Name
in
Full

William E. Nichole

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

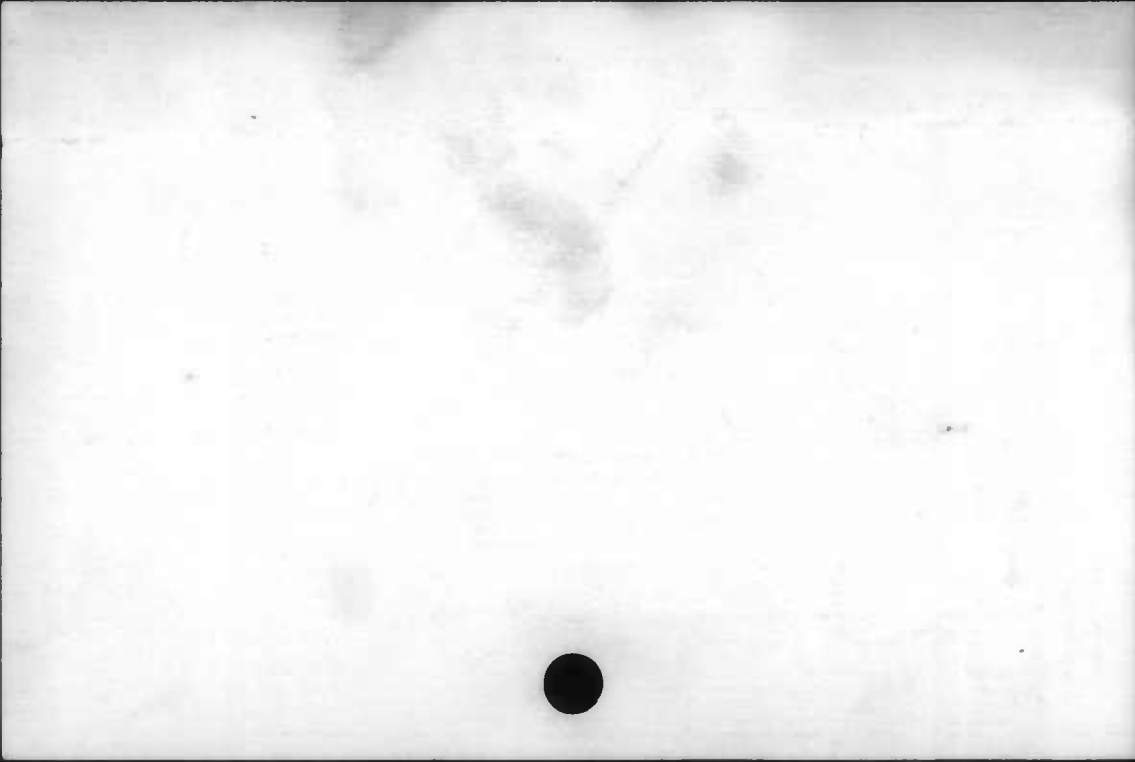
Died at		Town Boothby Hill		County Harford		MARYLAND	
Date of death		Month Nov	Day 11	Age 74	Months 9	Days -	
Sex Male		Color or Race White		Birthplace Carroll Co,			
Occupation Store Keeper		Where Residing if not at place of death Boothby Hill					
Married, Single or Widowed Married		Name of Wife or Husband Sarah H. Nichols					
Father's Name Samuel Nichols		Father's Birthplace Unknown					
Mother's Maiden Name Rachel Jones		Mother's Birthplace Unknown					
Name of person giving Information Sarah H. Nichols		How related to deceased Wife					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Bright's Disease	How long about 7
Immediate	"	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician A. L. Crothers
		Address Harre de Grace Md
Accident or Suicide		



Name
in
Full

Lambert C. Pohl Jr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Harre de Grace* *Harford*
Town County

MARYLAND

Date of death 1908 *Nov* *11* Age *1* Months *1* Days *21*Sex *Male* Color or Race *White* Birth-place *Harre de Grace*Occupation *None* Where Residing if not at place of death *" " "*Married, Single or Widowed *None* Name of Wife or HusbandFather's Name *Lambert C Pohl* Father's Birthplace *Germany*Mother's Maiden Name *Margaret Quirk* Mother's Birthplace *Harre de Grace*Name of person giving Information *Margaret Pohl* How related to deceased *Mother*

CAUSES OF DEATH

104

Primary *Indigestion* How long *From birth*Immediate *Marasmus*Are the name, age, sex, color, date and place correctly given above? *Yes*

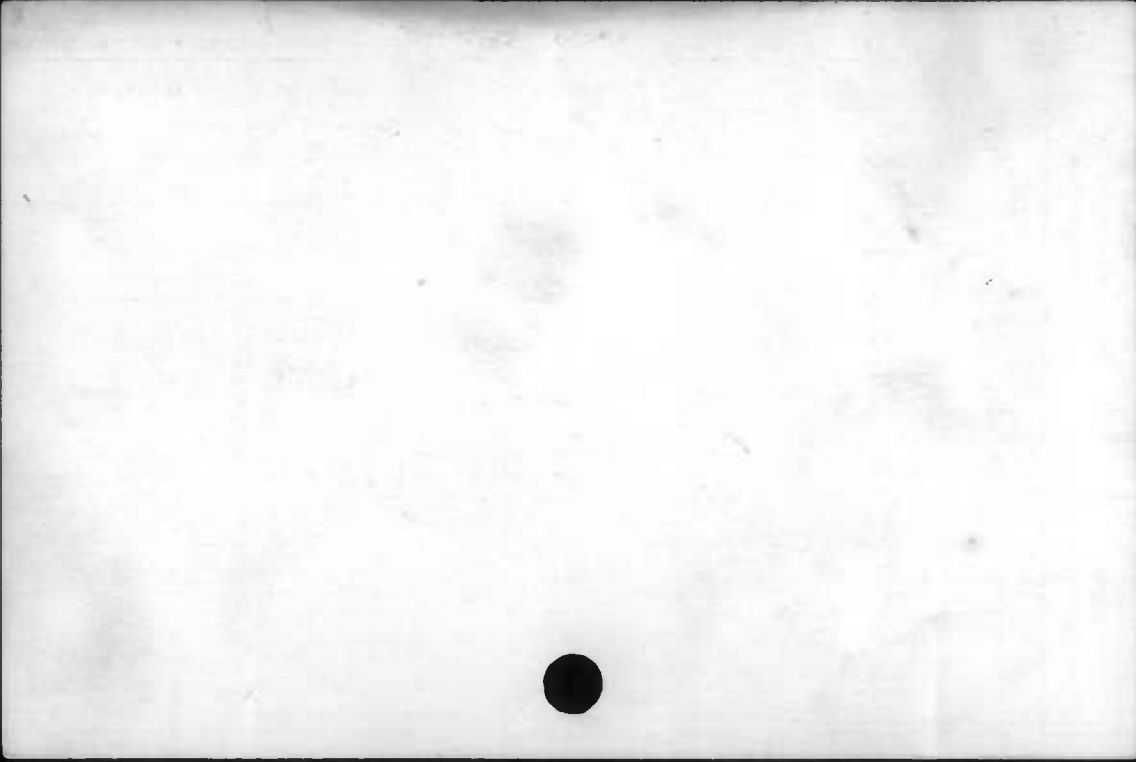
Signature of Physician

Address

R. N. Smith
Harre de Grace

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John C. Presbury</i>		Town <i>Harre de Grace</i>		County <i>Harford</i>		MARYLAND	
Died at		Month <i>Nov.</i>		Day <i>17</i>		Years <i>3</i>	
Date of death <i>1908</i>		Age		Months		Days	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Harre de Grace</i>			
Occupation <i>None</i>				Where Residing if not at place of death <i>" " "</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>Amos Presbury</i>				Father's Birthplace <i>Harford Co.</i>			
Mother's Maiden Name <i>Olevia Brown</i>				Mother's Birthplace <i>Harford Co.</i>			
Name of person giving Information <i>Amos Presbury</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary	<i>Bronchitis</i>	How long	<i>a week</i>
Immediate	<i>Catastrophic Pneumonia</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address <i>Albion Harre de Grace</i>	
Accident or Suicide			



Name
in
Full

Jacob James Preston

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

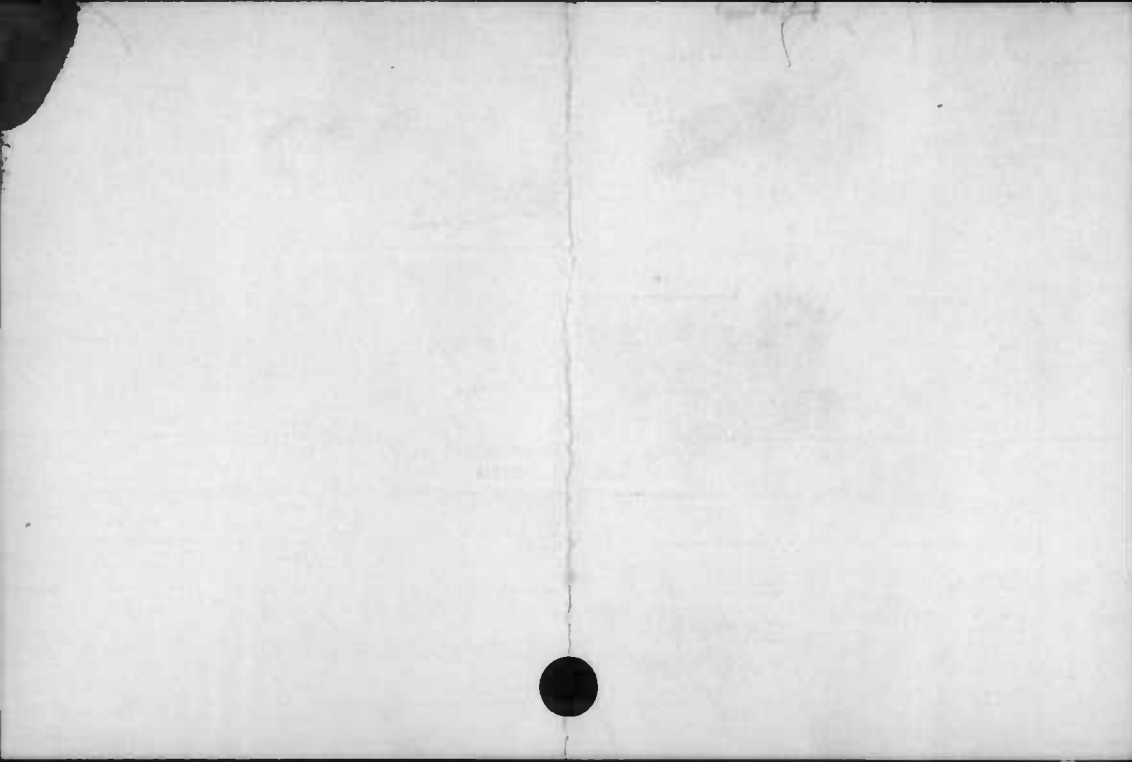
Died at <i>Abingdon</i>		Town <i>Harford</i>		County		MARYLAND	
Date of death <i>1908</i>		Month <i>November</i>	Day <i>22d</i>	Age <i>—</i>	Years <i>—</i>	Months <i>2</i>	Days <i>7</i>
Sex <i>Male</i>		Color or Race <i>black</i>		Birth-place <i>Abingdon</i>			
Occupation <i>none</i>		Where Residing if not at place of death <i>at said place</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>none</i>					
Father's Name <i>Joseph Thomas Preston</i>		Father's Birthplace <i>Bil Air</i>					
Mother's Maiden Name <i>Alice Willmer</i>		Mother's Birthplace <i>Yaubibbee</i>					
Name of person giving information <i>Jos Th. Preston</i>		How related to deceased <i>father</i>					

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	<i>Gastritis</i>	How long	<i>6 weeks</i>
Immediate	<i>Collaps</i>	How long	<i>immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>R. Oppermann</i>	
		Address <i>Abingdon</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

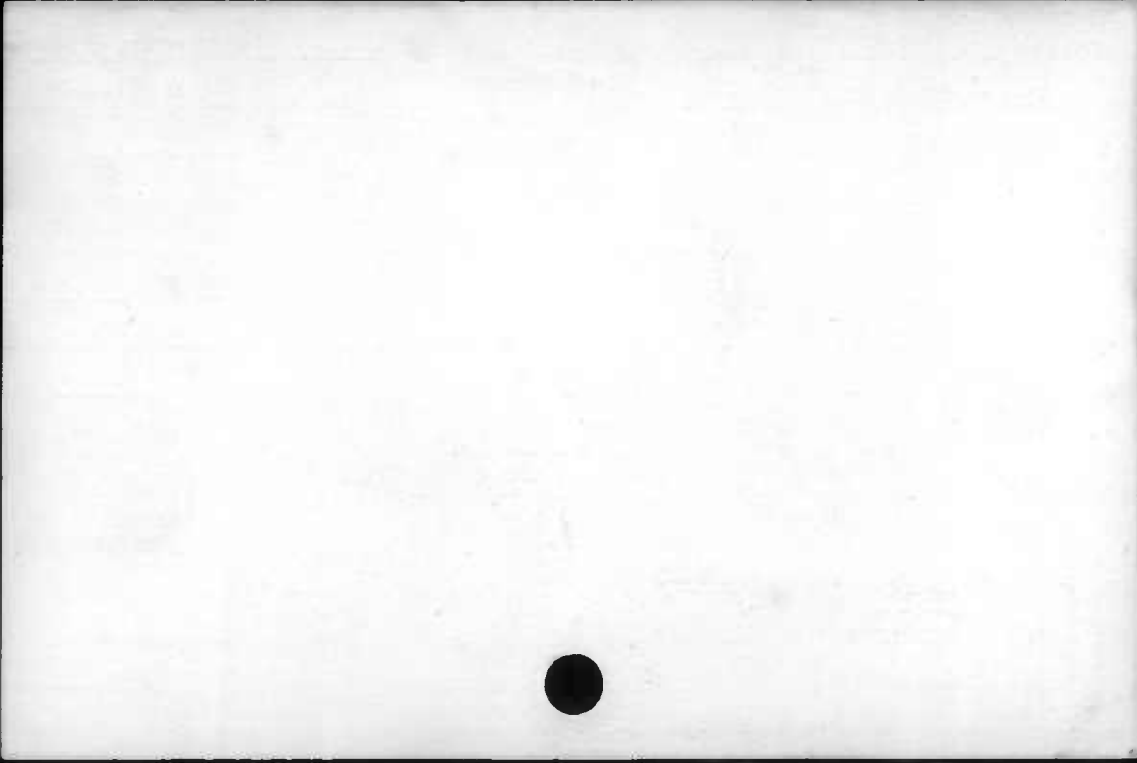
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Simpsouder</i>		County <i>Stafford</i>		MARYLAND	
Date of death 190		8	Month <i>Nov</i>	23	Day	78	Years
Sex <i>Male</i>		Color or Race <i>white</i>		Birth- place <i>unknown</i>			
Occupation <i>Retired</i>		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband <i>unknown</i>					
Father's Name <i>unknown</i>		Father's Birthplace <i>unknown</i>					
Mother's Maiden Name <i>unknown</i>		Mother's Birthplace <i>unknown</i>					
Name of person giving Information <i>I M Brunel</i>		How related to deceased <i>Friend</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Angina Pectoris</i>	How long <i>80</i>	<i>7 years</i>
Immediate	<i>Heart Failure</i>	How long	
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician <i>Charles R. R. R.</i>	Address <i>Edgewood</i>
Accident or Suicide			<i>MD</i>



Name
in
Full

Margaret Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Harrods Grace</i>		County <i>Harford</i>		MARYLAND	
Date of death	1908	Month	Nov	Day	8	Age	100
Sex	<i>Female</i>		Color or Race	<i>black</i>		Birth-place	<i>Harford Co.</i>
Occupation	<i>House work</i>			Where Residing if not at place of death <i>H-de Grace</i>			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband None <i>None</i>				
Father's Name	<i>Unknown</i>					Father's Birthplace	<i>Unknown</i>
Mother's Maiden Name	<i>"</i>					Mother's Birthplace	<i>"</i>
Name of person giving Information	<i>Mary Mitchell</i>					How related to deceased	<i>None</i>

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>4 yr</i>
Immediate	<i>Heart & Kidney complications</i>	How long	<i>6 mos</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
Signature of Physician		<i>J L Hopkins</i>	
Address		<i>Harrods Grace</i>	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Harrodsburg</i> ^{Town}		<i>Harford</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>11</i>	Day <i>25</i>	Years <i>70</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>Col</i>		Birth-place <i>Ind</i>		
Occupation <i>Labour</i>	Where Residing If not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Annie Taylor</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Unknown</i>	Name of person giving information <i>James Taylor</i>		How related to deceased <i>Son</i>		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>5 or 6 weeks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. Woodward</i>
	Address <i>Harrodsburg Ind.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Wilson Dallam West

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

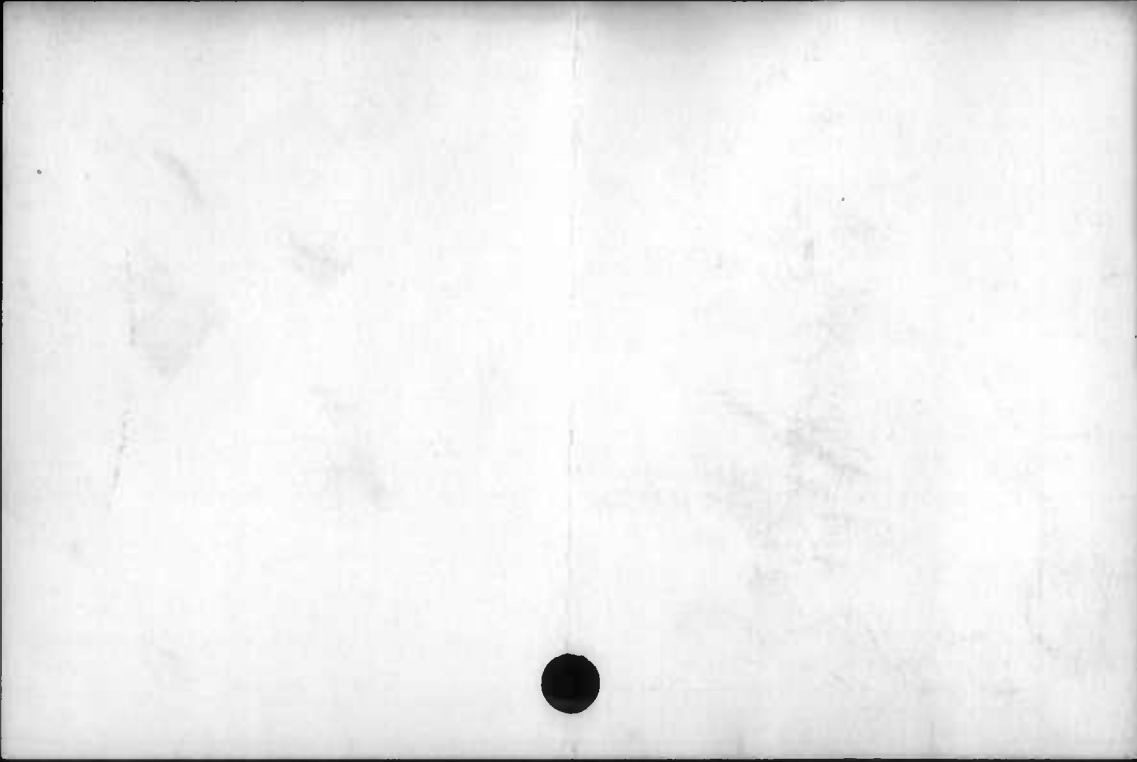
Died at <u>Letrom Hill</u>		Town		<u>Harford</u>		County		MARYLAND	
Date of death <u>1908</u>		Month <u>Nov</u>		Day <u>11</u>		Age <u>70</u>		Months <u>10</u> Days <u>14</u>	
Sex <u>Male</u>		Color or Race <u>White</u>		Birthplace <u>Harford Co Md</u>					
Occupation <u>Farmer</u>				Where Residing if not at place of death _____					
Married, Single or Widowed <u>Widower</u>		Name of Wife or Husband <u>Louisa W Ewing</u>							
Father's Name <u>Stacy West</u>		Father's Birthplace <u>Harford Co Md</u>							
Mother's Maiden Name <u>Mary Dallam</u>		Mother's Birthplace <u>" " "</u>							
Name of person giving information <u>Mrs Amos</u>		How related to deceased <u>Sister</u>							

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary <u>Carcinoma of Stomach</u>		How long <u>Several months</u>	
Immediate <u>Exhaustion</u>		How long _____	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>H. F. Bradley</u>	
		Address <u>Garrettsville Md.</u>	
Accident or Suicide?			



Name in Full		R. Jane Williams				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Brynum	County Harford	MARYLAND		
		Date of death		1902	Month 11	Day 26	Age 23	Months —
		Sex		Female		Color or Race	Black	Birth-place
		Occupation		Servant		Where Residing if not at place of death Brynum		
		Married, Single or Widowed		Name of Wife or Husband Asbury Williams				
Father's Name		Wm. Benson				Father's Birthplace Ind.		
Mother's Maiden Name		Olevia Green				Mother's Birthplace Ind.		
Name of person giving information		Wm. Benson				How related to deceased Father		
		CAUSES OF DEATH				(27)		
PHYSICIAN OR CORONER		Primary		Tuberculosis		How long 2 yrs		
		Immediate		Exhaustion		How long —		
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician Chas. L. Lanning		
		Accident or Suicide?		—		Address Bel Air		

Charles Chapel